

APPLICATION CHECKLIST

To expedite the processing of your **NEW LICENSE APPLICATION** be sure to follow the instructions carefully before mailing your application package. It is important to send in all the required supporting documents listed below based on the method by which you are applying:

LICENSE TYPE: I

EXAMINATION

Checklist of Supporting Documents required:

- A complete signed application for DC License.
- Two (2) recent passport photos (2" X 2")
- Social Security Number or a Sworn Affidavit
- Photocopy of a government issued **photo ID** (such as valid driver's license).
- Name Change Documents
- Resume
- Three Character Reference Forms
- Undergraduate Transcript
- Professional Training Transcript(s)
- Course Requirement Form
- If Foreign Educated, degree from accredited foreign institute or certification from private education evaluation service
- Criminal Background Check (CBC) – CBC is **paid separately to** <https://dchealth.dc.gov/node/120532>. For questions, call **877-614-4364**.
- \$356 for Application and License Fee (*Fee must be in the form of Check, Money Order or Certified Check Payable to DC Treasurer*)

LICENSE TYPE: II

RE-EXAMINATION

Checklist of Supporting Documents required:

- A complete signed application for DC License.
- Name Change Documents
- \$119 for Application and License Fee, District Exam Only (*Fee must be in the form of Check, Money Order or Certified Check Payable to DC Treasurer.*)
- \$85 for Application and License Fee, National Exam Only (*Fee must be in the form of Check, Money Order or Certified Check Payable to DC Treasurer.*)

LICENSE TYPE: III

ENDORSEMENT (*must have 3 years of current practice as a nursing home administrator*)

Checklist of Supporting Documents required:

- A complete signed application for DC License
- Two (2) recent passport photos (2"x2")
- Social Security Number or a Sworn Affidavit
- Photocopy of a government issued **photo ID** (such as valid driver's license).
- Name Change Documents
- Resume
- Three Character Reference Forms
- Verification of Licensure; in other Jurisdiction(s)
- Verification of Training
- Course Requirement Form
- Examination Scores/NABENHA
- Undergraduate Transcript
- Professional Training Transcript(s)
- If Foreign Education, degree from accredited foreign institute or certification from private education evaluation services
- Criminal Background Check (CBC) – CBC is **paid separately to** <https://dchealth.dc.gov/node/120532>. For questions, call **877-614-4364**.
- \$356 for Application and License Fee (*Fee must be in the form of Check, Money Order or Certified Check Payable to DC Treasurer*)